[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Uninsured Motorist Claim Settlement Demand
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Accident]
Insured: [Your Full Name]

Dear [Adjuster Name],

This letter serves as a formal demand for settlement of my Uninsured Motorist (UM) claim arising from the motor vehicle accident that occurred on [Date of Accident].

Description of Incident
On the aforementioned date, I was involved in a collision caused by an uninsured motorist at [Location of Accident]. The police report, which is attached, clearly establishes that the other driver was 100% at fault for the accident. It has been confirmed that the responsible party carried no liability insurance at the time of the loss.

Injuries and Medical Treatment
As a direct result of this collision, I sustained the following injuries: [List Injuries]. I have undergone extensive medical treatment, including [List Treatment, e.g., ER visits, physical therapy, surgery]. My medical records and billing statements, which are enclosed, document the severity of my condition and the necessity of the care received.

Damages
My total damages include, but are not limited to:
- Medical Expenses (to date): $[Amount]
- Future Medical Expenses: $[Amount]
- Lost Wages: $[Amount]
- Pain and Suffering: [Describe impact on daily life]

Settlement Demand
The evidence provided demonstrates that the value of my claim exceeds the available coverage.

Therefore, I hereby demand the full Uninsured Motorist policy limit of $[Policy Limit Amount] to settle this claim in its entirety.

This offer shall remain open for [Number, e.g., 30] days from the date of your receipt of this letter. I look forward to your prompt response and the resolution of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:
- Police Accident Report
- Medical Records
- Medical Bills/Invoices
- Proof of Lost Wages